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CONFIRMATION NO. 8178

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| SERIAL NUMBER 10/718,261 | FILING OR 371(c) DATE 11/20/2003 RULE | CLASS 606 | GROUP ART UNIT 3733 | ATTORNEY DOCKET NO. 624229-033 |
| APPLICANTS Kirk C. Koons, Orlando, FL; Walter J. Plyter, Maitland, FL; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/427,895 11/20/2002 <i>OK mch</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none mch</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/21/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>mch</i> Verified and Acknowledged <i>mch</i> Examiner's Signature Initials | | STATE OR COUNTRY FL | SHEETS DRAWING 3 | TOTAL CLAIMS 11 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS 29391 | | | | |
| TITLE Cable clamp tool for surgical applications | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |